

### **Arkansas Department of Community Correction**

Two Union National Plaza Building 105 West Capitol, 2<sup>nd</sup> Floor Little Rock, Arkansas 72201-5731 (501) 682-9510 Fax: (501) 682-9513

DA OD 4

### ADMINISTRATIVE DIRECTIVE: 08-09 RESIDENT GRIEVANCE AND APPEAL PROCESS

TO: DEPARTMENT OF COMMUNITY CORRECTION (DCC) EMPLOYEES

FROM: G. DAVID GUNTHARP, DIRECTOR

SUPERSEDES:	AD 94-05	PAGE I
APPROVED: _	Signature on file	<b>EFFECTIVE: June 30, 2008</b>

- **I. APPLICABILITY.** This policy applies to DCC residential center employees and residents.
- **II. POLICY.** Residents shall have the opportunity to initiate grievance procedures on any condition or action within the residential facility operation without being subject to any adverse action. The existence of the grievance procedure does not in any way absolve employees from carrying out their full responsibilities.

#### III. PROCEDURES:

#### A. Grievance Procedure

- 1. The resident grievance procedure is an administrative means for the resolution of complaints that pertain to the administration and operation of the facility or acts by DCC employees. Complaints pertaining to treatment sanctions or "learning experiences" are not grievable. It is designed to supplement, but not replace, the informal communication process.
- 2. The grievance procedure shall be posted on the employee and resident bulletin boards, and in the facility law library. Residents and employees shall be given written notification of the grievance procedure upon arrival at the center.
- 3. Residents who have difficulty in understanding the grievance procedure shall be informed to contact a designated staff member for further explanation and/or assistance.

<sup>&</sup>quot;We provide opportunities for positive change."

- 4. All residents are entitled to use the grievance procedure regardless of their security or job classification, disciplinary status, or administrative or legislative decisions affecting the resident. This procedure shall also be accessible to impaired and handicapped residents.
- **B. Remedies.** A grievance with merit will be afforded a reasonable range of meaningful remedies.
  - 1. The responsible authority will attempt to correct or modify objectionable conditions, policies, or practices when possible, and in accordance with state law.
  - 2. When it is necessary for objectionable conditions, practices, or policies to be modified by a higher authority than the responding authority, the lower authority shall note its agreement or disagreement with the grievant and transmit the completed grievance form to the higher authority. The grievant will receive written notice of this action.
  - 3. The return of property or provision of restitution.
  - 4. Records may be corrected and action by the staff or classification committees may be modified.

#### C. Grievance Process

Once a resident initiates the grievance process, processing of the grievance shall occur automatically without interference or influence by administrators or employees of the center. Grievances may be filed daily by dropping them in locked grievance boxes, which will be located in accessible places throughout the centers; in the case of an emergency, a resident may give the grievance to any officer or employee of the center, who shall follow the procedures set forth in 1.f. Emergency Situations (2).

Time limits for responding may be extended only in five (5) working day increments to complete investigative work. Residents shall receive written notice of such extension prior to the expiration of the thirty (30) calendar day time period in which the Center Supervisor or Deputy Director of Residential Services must respond (see Form 4). Expiration of the time limit at any stage of the process shall entitle the grievant to move to the next level of the process, unless the grievant has received written notice of an extension. The grievance procedure shall involve the following two-step process:

#### 1. Step One

a. A resident shall first attempt to verbally solve complaints, grievances, problems, or incidents through a counselor or the Residential Supervisor assigned to their wing or the Shift Supervisor on duty.

- b. If the problem cannot be resolved informally, the resident may submit a formal written grievance within five (5) days of the occurrence to the Grievance Officer or the Center Supervisor's Designee (Designee) on a Grievance Form (see Form 1). At this point, the grievance becomes formal and all aspects of the process must be followed.
- c. Grievance Forms (Form 1) shall be available in the law library.
- d. The resident may receive any assistance necessary in completing the Grievance Form without unreasonable delay, by contacting the Grievance Officer or Designee. Residents cannot file a grievance on behalf of another resident.
- e. The Grievance Officer or Designee shall transmit a Grievance Acknowledgement Form (obtained from e-OMIS) to the grievant within five (5) working days after receipt.

#### f. Emergency situations:

- (1) A grievant may declare an emergency situation if he/she believes that by observing the regular time limits for disposition he/she would be subject to a substantial risk of personal injury or other serious and irreparable harm.
- (2) A grievant may indicate the existence of an emergency by marking the box provided on the Grievance Form, and by filing the Grievance Form in the usual manner or by personally delivering it to any officer or employee of the center, who shall sign the attached Emergency Receipt, give the receipt to the resident, and deliver the Grievance Form without undue delay to the Grievance Officer or Designee, or in his/her absence, to the highest center authority present.
- g. The Grievance Officer or Designee shall within thirty (30) calendar days respond in writing to the grievant, unless the time period to respond has been extended.
- h. All written responses shall include a well-reasoned response and an explanation that the grievant is entitled to appeal and instructions on how to appeal.

#### 2. Step Two

a. Any grievance decision can be appealed to the Center Supervisor through the normal chain of command. The grievant is entitled to appeal the Center Supervisor's decision within five (5) working days after receipt of the Center Supervisor's decision in writing on the Resident Appeal Form (see the back of Form 2).

- b. The Deputy Director for Residential Services shall transmit, within five (5) working days after receipt of an appeal, an acknowledgement (see Form 4) to the grievant.
- c. Within thirty (30) calendar days, the Deputy Director for Residential Services shall review the initial grievance, the Center Supervisor's investigation and response, and the resident's appeal, and conduct if necessary a separate investigation of the matter and respond to the grievant in writing. The Deputy Director for Residential Services shall provide a copy of his/her decision to the appropriate Center Supervisor for filing and notification purposes.
- d. The decision of the Deputy Director for Residential Services is final.

#### **D. Staff Training**

The DCC Training Center will implement a training program in reference to grievances. This training will outline various methods and techniques which assist the appropriate staff in writing independent and objective responses to resident complaints. The training shall be mandatory for administrative review officers, grievance officers, assistant center supervisors, and center supervisors.

#### E. Reprisals

No grievant shall suffer any action or threat of action against him/her based upon the use of or participation in the grievance procedure. Such behavior is prohibited and each grievance form shall so state this policy. In addition to the initial and periodic training of department personnel in the grievance process, all personnel shall receive written and oral notice that formal and/or informal reprisals will not be tolerated; to prevent reprisals, department personnel who engage in reprisals shall be disciplined. At a minimum, those admitting guilt or found to be guilty of reprisals shall have a written reprimand placed in their personnel files, and may be subject to further disciplinary action up to and including termination.

#### F. Records

1. Nature. The Grievance Officer must maintain a log containing pertinent information regarding the filing, acknowledgement, and disposition of grievances. The Grievance Officer or Designee shall maintain the official individual file for each grievance, which is to contain all pertinent information regarding the grievance, and which shall systematically maintain aggregate information regarding the numbers, types, and disposition of grievances. Such records shall be preserved for at least three (3) years following final disposition of the grievance.

2. Confidentiality. Records regarding the participation of an individual in the grievance proceedings shall not be available to residents and department personnel, other than those directly involved in the grievance process, unless the person's job requires access to such records. Grievance records shall be marked confidential and will not be available to non-departmental personnel other than those representing the department. No entries concerning the above shall be recorded in the resident's jacket. Records of testimony or evidence regarding a resident's participation in a grievance proceeding shall also be held confidential.

#### G. Evaluation

Each Center Supervisor shall submit an annual report to the Director and to the Deputy Director for Residential Services on the use by residents of the grievance procedure and whether or not such use has resulted in meaningful consideration of complaints and, where appropriate, adequate remedies of grievances.

#### IV. FORMS

Form 1 Grievance Form

Form 2 Center Supervisor's Decision, Resident's Appeal

Form 3 Deputy Director's Decision

Form 4 Grievance Extension

### Arkansas Department of Community Correction GRIEVANCE FORM

Name:	DCC Number:	For ARO/Staff Use  #  Date Received (by ARO/Staff)  Center:
Print Residen	t's Name	
Barracks Assignment:	Job Assignme	ent:
to your wing or the Shift Su attach that document or pro	oblem with a counselor or the Residential Supervisor on duty or attempted an informal raide an explanation below.	
Describe the problem:		
How can this situation be re	esolved?	
	Y SITUATION? YES NO NO one in which you may be subject to a substantial oblems that are not of a serious nature.	Date ntial risk of physical harm. It should not
attached Emergency Receipt Officer, ARO, Center Super REPRISALS: IF YO	ay give this completed form to any officer of out, give you the Receipt, and deliver the form rvisor, or, in their absence, the Assistant Cerou ARE HARMED OR THREATENED BEFORM, REPORT IT IMMEDIATELY TO THE	n without undue delay to the Grievance nter Supervisor. ECAUSE OF YOUR USE OF THE
RECEIPT FOR EMER Staff Name (Print):	GENCY SITUATIONS (To be completed by From (Resider	
Date:	Time:	
	<del></del>	Signature of Receiving Staff Person

# Arkansas Department of Community Correction CENTER SUPERVISOR'S DECISION

RESIDENT'S NAME	DCC #	GRIEVANCE #	
CENTER	SUPERVISOR'S DECISION	ON	
Center Supervisor or Designee Signatu	re	Γitle	Date

# Arkansas Department of Community Correction RESIDENT'S APPEAL

RESIDENT'S NAME		DCC#	GR	LEVANCE #
information requested be	elow and mailing it to on to the original com	may appeal the Decision w the Deputy Director of Resi plaint. Do not list additiona	dential Services. Il issues which ar	Keep in mind that you
	WIII DO TOUN	OI AGREE WITH THE	DECISION:	
				•
				-
Pasidar	nt Signature		DCC #	Date
	n dignature		DCC #	Date
Date Received:		By Whom:		

# Arkansas Department of Community Correction DECISION of the DEPUTY DIRECTOR OF RESIDENTIAL SERVICES

RESIDENT NAME	DCC#	GRIEVANCE #
	DECISION	
Deputy Direct	ctor's Signature	Date

### Arkansas Department of Community Correction GRIEVANCE EXTENSION

TO:	RES	IDENT		DCC#	
FRO	M:		TITLE		
RE:	NOTIFI	CATION OF GRIEVANCE RECEIVED	GRIEVANCE#	DATE:	
Addi	tional time	is necessary for your Grievance to be fully	investigated, due to:		
You	will receive	e communication from this office by:			
	u agree wit	h the terms of this extension, check AG office.	REE, complete the signa	ature line, and return the	
	☐ AGREE				
		Resident Signature	DCC#	Date	
If you <b>DO NOT AGREE TO AN EXTENSION</b> , check the box and complete the signature line.					
	DO NOT				
	AGREE	Resident Signature	DCC#	Date	
		Center Supervisor or Designee Signature		Date	
or					
	Deputy I	Director of Residential Services or Designee Signatu	ıre	Date	